

-- SERIAL NUMBER :

10/520737

TO:

PCT OFFICE OF FINANCE

CRYSTAL PLAZA 2 - 5TH FLOOR.

FROM:

PCT INTERNATIONAL DIVISION - DO/EO

CRYSTAL PLAZA 2 - 8TH FLOOR

## PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FR	ОМ	то	
CODE	FEE	CODE	FEE
1632	500	1630	400
······································			·
	-		
	<del></del>		·
	-		-
OTHER:		·	
CH.	ARGE VOUCHER IS A'	TTACHED TO CHARGE	/REFUND
отг	HER:		· · ·
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
THE ORIG	GINAL METHO	D OF PAYMENT	ΓWAS:
ВУ	снеск		
BY	CHARGE TO DEPOS	IT ACCOUNT NO.	-6778

## PATENT APPLICATION FEE FERMINATION RECORD Effective December 8, 2004

Aprilation or Docket Number 520737

$\vdash$					<u> </u>		0 1					
CLAIMS AS FILED - PART I							SMALL EN	TITY	OR	OTHER SMALL		
U.S. NATIONAL STAGE FEES			(Column 1)		1	(Column 2)		RATE	555	7		
						•	-		FEE	-	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150  Satisfies PCT Article 33(1)-			GE ENT. = \$ 300	1	BASIC FEE	ļ	OR	BASIC FEE	300
EXAMINATION FEE			(4) = \$50	/\$ 100		ther situations = 5 100 / \$ 200		EXAM. FEE			EXAM. FEE	500
SEARCH FEE			U.S. is ISA = \$ ALL other co \$ 200 / \$	untries =	•	ther situations = 5 250 / \$ 500		SEARCH FEE			SEARCH FEE	\$00
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			23 minus 20 = .		*	می		X \$ 25 =		OR	X \$ 50 =	150
INDEPENDENT CLAIMS			/ m	/ minus 3 = .				X \$ 100 =	İ	OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRESENT							+ \$ 180 =		OR	+ \$ 360 =	360	
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	1410
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =		
				-				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ä		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$ 180 =		OR	+ \$ 360 =			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
**	if the "Highest Nu	mn 1 is less than the mber Previously Paid	For IN THIS SP	ACE is less	than '20	", enter "20".						
	-	mber Previously Paid ber Previously Paid			-		in the	annonriate boy	in column 1			j